

The lack of psychiatrists and other qualified professionals, particularly in some areas of the state, has been cited as a serious challenge to providing good quality, ongoing care for high-need consumers. In this sample, just over half (6,880, or 54%) of consumers saw a psychiatrist at least once in 2007. Of these, a higher proportion of those with a history of multiple hospitalizations (60%) saw a psychiatrist, compared with 51% of consumers with a history of one episode.

In accordance with N.C. Gen. Stat. § 122C-3(38), these data suggest MHDDSAS services are targeted toward arguably more seriously troubled consumers (i.e., by virtue of repeated prior hospitalizations). This conclusion is supported by recent MHDDSAS data on time to follow-up for emergent cases. Despite stories in the media of tragic system failures,<sup>16</sup> these data suggest the system is successfully targeting the most acute cases for closer attention and care. Of concern, however, are the relatively high proportion of apparently less severely ill consumers (those hospitalized once in 2006) who appear not to have received follow-up community-based services.

**Finding 6. Claims data provide a means to track some statewide services, but the data have limitations.** Whereas they cannot account for all cases where there appears not to have been follow-up after hospital discharge, several caveats are in order when interpreting the data on outpatient services.

First, the data cannot account for consumers who moved away or died after hospital discharge in 2006. These consumers were simply gone, and there is no way to know the exact proportion of the sample that disappeared. Second, some consumers had two identifiers (one Medicaid and one assigned by the state payment system) that could not be matched. When mismatches occurred, the claims data suggest no subsequent services were received even if they were. Based on information from the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS), the Program Evaluation Division estimates 1,419 (6%) of consumers may have received services that do not appear in claims data due to identifier mismatch.

Third, services may have been paid for with county or third-party funds, and the claims data will not reflect these services. Although individual Local Management Entities know what services are covered with these funds, they are not tracked in a way that provides a statewide view of all services provided. One LME administrator reported, “For highly complex consumers we will often use county dollars to develop an individualized plan for supports” that are not paid by either Medicaid or state dollars. Another noted they provided staff to follow up with discharged consumers to link them to community services, but these services are not tracked because they are not billable to the state system. The claims system creates a “major misrepresentation” of the incidence of follow-up.<sup>17</sup> Without a

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<sup>16</sup> For example, see Suicide mission fulfilled. (2008, September 17). *News & Observer*.

<sup>17</sup> MHDDSAS administrators dispute this claim, asserting coordination efforts alone do not reflect services actually rendered, and it is the services that matter.